GOVERNMENT OF INDIA
HEALTH AND FAMILY WELFARE
LOK SABHA

UNSTARRED QUESTION NO:798
ANSWERED ON:22.10.2008
POPULATION CONTROL
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Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) Whether the National Commission on Population took five years to hold its first meeting since its constitution as reported in 'The Times of India' dated July 11, 2008;

(b) if so, the reasons therefor;

(c) the details of the targets fixed for population control and the result achieved;

(d) whether the Government has taken any new steps to contain the population; and

(e) if so, the details thereof?

Answer

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH & FAMILY WELFARE(SMT. PANABAKA LAKSHMI)

(a) &(b) The National Commission on Population was constituted by a resolution of the Planning Commission dated 11th May, 2000. The first meeting of the Commission was held on 22nd July, 2000. Thereafter as a step towards implementing the National Population Policy 2000, the Union Cabinet in its meeting held on 13th October, 2004 took a decision to re-locate the Commission from Planning Commission, Yojana Bhavan to Ministry of Health & Family Welfare, Nirman Bhavan. The Commission was then reconstituted vide resolution No. N-23011/101/2004-Ply dated 11th April, 2005. The first meeting of the reconstituted Commission was held on 23rd July, 2005 under the Chairmanship of the Hon'ble Prime Minister of India.

(c) to (e) India is the first country in the world to start the National Family Welfare Programme in 1952 with the objective of reducing the birth rate to the extent necessary to stabilize the population at a level consistent with the requirement of the national economy. In keeping with the democratic tradition of the country, the Family Welfare programme seeks to promote responsible and Planned Parenthood through voluntary and informed choice of family planning methods best suited to individual acceptors.

The National Population Policy 2000 adopted in Feb 2000 has identified the immediate objectives to achieve population stabilization as meeting the unmet needs for contraception, health care infrastructure and trained health personnel, to provide integrated service delivery and need to simultaneously address issues of child survival, maternal health with involvement of government, industry, voluntary and non-governmental sector. The Planning Commission fixed the decadal target of population growth as 16.2% for the period 2001-2011, keeping in view the past trends, the existing levels of birth rate, death rate and the Total Fertility Rate(TFR) and in consultation with a number of agencies like the Registrar General of India. The target growth rate of population is inconsistent with achieving a TFR of 2.1 in 2010 as targeted in the National Population Policy.

The Government is implementing population stabilization activities/programmes since 1952 and there has been substantial improvement in population indicators viz., Life expectancy has risen from 33 years to 64 years, Infant mortality rate (IMR) has fallen from 148 to 55 per 1000, crude birth rate (CBR) has declined from 41 to 23.8 and the crude death rate (CDR) has fallen from 25 to under 7.6. The Maternal Mortality Ratio defined as the number of maternal deaths per 100,000 live births has declined from 407 per 100,000 live births in 1998 to 301 per 100,000 live births in 2001-03.The Total Fertility Rate (TFR), which was over 6 at the beginning of 1960s, has declined to 2.8 in 2006. The growth of population can be assessed by taking into account these indicators.

On 14th April, 2005 Government has launched National Rural Health Mission (NRHM). The major goals of NRHM in respect of population stabilisation are reduction of Infant Mortality Rate (IMR) to 30/1000 live births, reduction of Maternal Mortality Rate (MMR) to 100/100,000 live births and reduction of Total Fertility Rate (TFR) to 2.1 by 2012. NRHM provides a thrust for reduction of child and maternal mortality which would also influence in reduction of the fertility rate. Efforts are on to provide quality Reproductive Health Services (including delivery, safe abortions, treatment of Reproductive Tract Infections and Family planning Services to meet unmet needs, while ensuring full reproductive choices to women).

Simultaneously, improving the women's status economically and politically has been given a very high priority under NRHM. As a result, women are now becoming more conscious of concerns related to health, education and nutrition of their families and take decisions about their family size. The district administration and the health functionaries have been motivated under NRHM to make the family planning services/RCH services widely available all over the State, even in the remote areas. A large number of doctors have been trained the female and male sterilization techniques and spacing methods in family planning are providing a vide choice to

the eligible couples thereby addressing the large unmet need both in terminal and spacing methods of contraception.

A key role has been played by the Accredited Social Health Activists (ASHAs) at the field level. She has been in the forefront in counseling eligible couples for family planning with focus to promote male participation in Family Planning, reduction of Infant Mortality Rate, greater convergent action to influence the wider determinants of health care like female literacy, sanitation, nutrition, gender and social empowerment, early childhood development, marriage after 18, spacing of children and behavioral changes etc. All these efforts have combined to gain wide acceptance of the small family norm across the country.

The Total Fertility Rate (TFR), which was over 6 at the beginning of 1960s, has declined to 2.8 in 2006 as per National Family Health Survey-lll; as such the Government is committed to achieve population stabilization through various activities enumerated in National Population Policy 2000 and NRHM.